

YOUR HEARING RIGHTS

Your Right to a Hearing. If you or your legal representative disagree with a decision, service, or action of the Utah Division of Services for People with Disabilities ("Division"), you have the right to challenge the Division's action at an administrative hearing. If you so choose, you may also use a three-step informal resolution process (outlined below) to try to resolve your complaint before the hearing or instead of the hearing. By choosing the informal resolution process, however, you do *not* lose your right to a hearing. If you fill out this Hearing Request form and submit it to the address listed below, the Division will forward your request to the appropriate administrative hearing office(s) so that your right to a hearing is preserved, even if you choose to use the informal process first. Of course, you also have the right to refuse the hearing, if that's what you wish.

The Division's 3-Step Informal Resolution Process.

- STEP 1 You may meet with the region support coordinator, who will explain the legal basis for the Division's action and attempt to address your concern.
- STEP 2 If Step 1 does not resolve the issue, you may meet with the region supervisor and/or the region director to discuss your concern.
- STEP 3 If Step 2 does not resolve the issue, you may meet with the Division director to discuss your concern.

Your Right to Be Represented by Your Parents, Legal Guardian or Attorney. You may have your parents, your legal guardian and a support Person accompany you to the Division's informal resolution meetings and the hearing. You may want to consult your support coordinator at the Division about whether you might be eligible for free legal help. It should be noted, however, that your attorney represents *you*, and not your parents or your legal representative.

If you want a hearing or if you want to use the informal resolution process, please complete the bottom half of this sheet and sign it. Detach and mail to:

[NAME/ADDRESS OF REGION DESIGNEE HERE].



HEARING REQUEST FORM

- Choose one: ☐ I want a hearing but I do *not* want to use the informal resolution process.
- ☐ I want *both* a hearing *and* the informal resolution process.
- ☐ I want the informal resolution process only. I do *not* want a hearing.

Do you want your services continued during the resolution/hearing process? ☐ Yes ☐ No

If you choose "yes," you must file this form within 15 days of the postmark date on the enclosed Notice of Agency Action Form. Otherwise, the deadline is 30 days from the postmark date.

I am requesting a resolution/hearing because _____

Name:	Street Address	Date of Request
Social Security Number	City, State, Zip	Daytime Phone
Signature(s) of Person and/or Representative Filing This Hearing Request		